

STATE OF NEW YORK
Work Order No. 86-3023 DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST



SD Facility

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UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's N Y D 9 8	US EPA No.		anifest ocument No Or O O O	2.	Page 1 of 1	Inform is not	nation in the required by	shaded Federal	Law.
	John J.	+		3013					, £5	
Consolidated Edison Co. of N	.Y.		_		series September					
20th Ave. § 31 Street, Long Generator's Phone (718) 204-4330	Isl. City,	, N.Y. 111	05							
5. Transporter 1 (Company Name) Chicago Waste Haulers		6. US EPA ID N		4.0.0						
7. Transporter 2 (Company Name)		I II ID 9 8 0 7 9 4 9 6 0 8. US EPA ID Number								
9. Designated Facility Name and Site Address PCB Inc. of Missouri 45 Ewing St.		10. US EPA ID	Number							
Kansas City, Kansas 66106		K S D 9 8	0, 9, 6,							
11. US DOT Description (Including Proper Ship	ping Name, Haza	ard Class and ID N	lumber)	12. Cor	tainers Type	<u> </u>	13. otal antity	14. Unit -: Wt/Vol		
Waste Polychlorinated Bip	pheny1s UN/2315			0 , 0	3 T , P	4, O ₁	6,4,0	D P		
b										
c. ·					-					
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3bCB LAST REQUIRES to an action of Marie des listed	**************************************					in the second se				
b + 1	0			(49) ·	4			···		and the
John J. 1 Send Copy "3" to: Consolida 20th Av.	Newell ated Edisc	on Co. of Neet, Long I				1105				
 GENERATOR'S CERTIFICATION: I heret classified, packed, marked and labeled, and are in regulations and state laws and regulations. 	n all respects in pr	oper condition for tre	insport by hi	ghway accor	ding to a	pplicable	internatio	onal and nati	onal govern	nment
Unless I am a small quantity generator who has b RCRA, I also certify that I have a program in place selected the method of treatment, storage, or disp	to reduce volume as	nd toxicity of waste g able to me which min	enerated to t	he degree I h	ave dete	mined to	be econo	and the envi	ronment	have
Printed/Typed Name Wilfred Nevin		Signature	Thed	1 1	ex	~		ρ <u>1</u>	1 3	Year B _i
17. Transporter 1 (Acknowledgement of Receipt	t of Materials)								,	
Printed/Typed Name Joseph Probst		Signature	Llo	ext				Mo L 1	Day	Year 8, (
18. Transporter 2 (Acknowledgement or Receipt	t of Materials)					-	<u> </u>		n= ""	
Printed/Typed Name		Signature				新 好		Mo I ı	. Day	Year
19. Discrepancy Indication Space						c.				
20. Facility Owner or Operator: Certification of	receipt of hazar	dous materials co	vered by th	is manifes	except	as note	d in Iter	n 19.		
Proted/Typed Name		Signature	Au	ly				Mo	Day	Year
Form 8700-22 (Rev. 4-85) Previous edition is obsc	olete.		State_	Mailed	ו איל	SD F	acility			